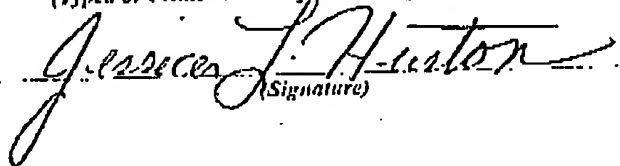
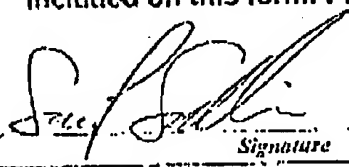


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): JOACHIM NEUTZEL ET AL.			FIS9200201321/US1
Application No. 10/604,533	Filing Date 07/29/2003	Examiner J. MITCHELL	Group Art Unit 2813
Invention: MAGNETIC RANDOM ACCESS MEMORY AND METHOD OF FABRICATING THEREOF			
RECEIVED CENTRAL FAX CENTER SEP 06 2005			
I hereby certify that this _____ <u>Transmittal and Amendment</u> _____ (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>09/06/2005</u> (Date)			
<u>Jessica J. Huston</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS920020132US1	
Applicant(s): JOACHIM NEUTZEL ET AL.						
Application No. 10/604,533	Filing Date 07/29/2003	Examiner J. MITCHELL	Customer No. 29371	Group Art Unit 2813	Confirmation No. 1532	
Invention: MAGNETIC RANDOM ACCESS MEMORY AND METHOD OF FABRICATING THEREOF						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15	20	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Sean P. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			Dated: 09/06/2005			
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	JOACHIM NEUTZEL, ET AL.)	
)	Group Art Unit: 2813
Serial No.:	10/604,533)	
)	
Filed:	July 29, 2003)	Examiner: Mitchell, J.
)	
For:	MAGNETIC RANDOM ACCESS)	
	MEMORY AND METHOD OF)	Confirmation No.: 1532
	FABRICATING THEREOF)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed June 3, 2005, please amend the
Application as follows: